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San Diego, CA 92		Stephen	C. D'A	Amico	(Depositor's name)				
		January 19, 2010				(Signature)			
			January	19, 20	310		(Datc)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	R ATTORNEY DOCKET NO.			CONFIRMATION NO.	
09/867,845	57,845 05/29/2001 Chaitan Kho			a 300622005500 7453					
TITLE OF INVENTION: DESIGN OF POLYKETIDE SYNTHASE GENES									
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	L	PREV. PAID ISSUE FEE TOTAL FEE(S) DUI			DATE DUE	
nonprovisional	XXX NO	<del>-\$755-</del> \$15	10 -\$0 \$30	00 \$0	1	\$ <del>7\$5</del> \$ ]	1810	01/20/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	3					
ZHOU, SHUBO 1631		1631	702-190000						
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Stephen C. D'Amic								D'Amico	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
									PTO/SB/47; Rev 03-02 Number is required.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Kosan Bios	ciences	Hayward, CA USA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are	o cubraitted:	4	b. Payment of Fee(s):	Please first reann	ly any pre	viously paid issue fee	shown at	ove)	
Issue Fee	sed.				•				
				it card. Form PTO- creby authorized to			eficiency :	or credit any	
Advance Order - # 0	or Copies	ecoliconomica en entre en en	overpayment, to I	Deposit Account N	umber 19-	required fee(s), any de -3880 (enclose a	n extra co	py of this form).	
<ol> <li>Change in Entity Statu</li> <li>a. Applicant claims 8</li> </ol>			XX. Applicant is as	longer claiming S	MATIEN	TITY status. See 37 C	ED 1 27/a	·)(2)	
NOTE: The Issue Fee and interest as shown by the rec									
nterest as shown by the rec	ords of the United Stat	es Patent and Trademar	k Office.				<u> </u>		
Authorized Signature						ary 19, 2010	)	THE ARTEST OF THE ALLES AND THE	
Typed or printed name						46,652			
This collection of informat an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ion is required by 37 Clitty is governed by 35 application form to the s for reducing this burginia 22313-1450. DO 1-1450.	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var den, should be sent to to NOT SEND FEES OR	on is required to obtain 1.14. This collection is depending upon the chief Information COMPLETED FORM	n or retain a benefit is estimated to take individual case. An officer, U.S. Patent IS TO THIS ADDI	by the pub 12 minute ny commen and Trader RESS. SEN	olic which is to file (an s to complete, including the state of the state of the mark Office, U.S. Dep D TO: Commissioner	d by the Ung gathering me you re artment of for Patent	SPTO to process) ng, preparing, and quire to complete f Commerce, P.O. s, P.O. Box 1450,	

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